# WSGL Weingarten, Schurgin, Gagnebin & Lebovici LLP

Intellectual Property Law Patents • Trademarks • Copyrights

Ten Post Office Square Boston, Massachusetts 02109 Tel. 617-542-2290 • Fax. 617-451-0313 www.wsglip.com

RECEIVED CENTRAL FAX CENTER

DEC 2 1 2004

### FACSIMILE COVER SHEET

DATE:

December 21, 2004

TO: Examiner

Pihulic, Daniel T.

Fax No.: (703) 872 9306

TC Art Unit:

Thomas O. Hoover

No. of pages transmitted

(including this page): 2

Our File:

FROM:

TTC-004KX (formerly 301496.2001-103)

Time:

Your Ref:

Sent by:

Diana Ruiz

Application No. 09/909,141 Filed Date: July 19, 2001 Confirmation No.: 7813

A confirmation copy of this transmission will not be mailed unless the following is checked: [] **MESSAGE** 

### PLEASE DELIVER DIRECTLY TO: **EXAMINER Pibulic** TC ART UNIT NO: 3662

#### FOR ENTRY

Enclosed for filing please find a:

### CHANGE OF CORRESONDENCE ADDRESS APPLICATION

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional. filing fees associated with this communication or credit any overpayment.

Attorney for Applicant: Thomas O. Hoover

Registration No. 32,470

THIS MESSAGE MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION INTENDED ONLY FOR THE PERSON(S) IDENTIFIED ABOVE. IF IT HAS BEEN RECEIVED AT ANY OTHER PLACE OR HAS NOT BEEN CLEARLY RECEIVED, PLEASE CALL THE ABOVE IDENTIFIED SENDING PARTY COLLECT FOR INSTRUCTIONS. DO NOT SHOW OR DISTRIBUTE THIS MESSAGE TO ANYONE OTHER THAN THE INTENDED RECIPIENT(S). THANK YOU.

## RECEIVED CENTRAL FAX CENTER

**2**002/002

DEC 2 1 2004

PTO/SB/122 (09-04)

Approved for use through 07/31/2006. OMB 0651-0935 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

### Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numb 09/909.141 Application Number **CHANGE OF** July 19, 2001 **CORRESPONDENCE ADDRESS** Filing Date **Application** Alice M. Chiang First Named Inventor 3662 Art Unit Address to: Commissioner for Patents Pihulic, Daniel T. Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 TTC-004KX Formerly 301496.2001-103 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with 207 **Customer Number:** ÓR Firm or Individual Name Address State City Zip Country Fax Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 32,470 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Typed or Printed Thomas O. Hoover Name Telephone 817-542-2290 Date December 21, 2004 NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

This collection of triformation is required by 37 CFR 1.33. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parentiand Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alaxandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

forms are submitted.